



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

FARM ANIMAL REGISTRATION

NO FEE

Date: _____

In Accordance with the provisions for the statutes relating thereto, application for a registration is hereby made by:

Name: _____

Address: _____

Phone: _____

EMERGENCY CONTACT # _____

To House and maintain (list animals) within the Town of Charlton for the year of 2011.
Please list each animal and quantity:

	Type of Animal	Number of Animal(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Signature of Owner